Clinic Qualifying Criteria for Patient Centered Medical Home Transformation

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The Idaho Medical Home Collaborative (IMHC) has developed criteria to review readiness for Idaho primary care clinics interested in joining Idaho's State Healthcare Innovation Plan (SHIP) initiative for transformation to patient centered medical homes (PCMH). The goals of the criteria are to identify clinics that reflect both geographic and population focused diversity as well as clinics that demonstrate readiness to take on transformation work.

1. **Clinic selection process to consider following statewide factors:**
    a. Geographic coverage - clinics to be chosen from each of the seven DHW regions
    b. Selection to include both rural, suburban and urban clinics
    c. Clinic type to be considered, to include Family Medicine, Internal Medicine, Pediatrics, Rural Health and Federally Qualified Health Centers or others
    d. Clinic size to be considered
    e. Level of primary care/behavioral health integration to be considered

2. **INTENT AND VISION of clinic is aligned with SHIP goal** to "transform primary care providers across the state into the patient-centered medical homes." Recommendation to validate:
    a. Organization and/or clinic administration (medical & financial) required to attend "PCMH in-service education and informational session" either in person (regionally) or remotely (webinar/VCE) to ensure the SHIP goals and magnitude of effort is fully understood
    b. Recommend in-service provided by SHIP team to include PCMH consultant, SH~~IP & Regional Collaborative staff~~ Public Health District SHIP staff.
    c. In service followed up by "welcome packet, " to include:
        i. SHIP/PCMH Transformation overview information
        ii. Readiness Assessment
        iii. Transformation Business Plan Template
        iv. Resources & contact information
    d. Interested clinics to start completion of required documents for each site.
    e. Currently recognized clinics may not be required to attend "PCMH in-service". *Discretion can be considered for larger health care systems with multiple locations, allowing flexibility to meet in-service requirement.*

3. **Engaged physician leadership champion, clinic administration engagement and a dedicated transformation team is** imperative for successful transformation and sustainability. Validation of Clinic PCMH Transformation team members to occur during face-to-face – see #4.
    a. Roles of Clinic PCMH Transformation Team for each site include:
        i. Physician (recommended) or other provider Leadership Champion should be instrumental in implementing the long-term changes/vision and continues to encourage other physicians/providers who might be unsure if they want to participant

ii. Office Manager – imperative to keep informed and buy-in for smooth transition of daily operations
iii. PCMH change agent or project lead (if different from Office Manager) – knowledgeable, enthusiastic and supported by leadership/management

4. **Face to face on-site clinic interview to be conducted with Clinic PCMH Transformation Team and PCMH consultant, SHIP & ~~Regional Collaborative staff~~ Public Health District SHIP staff.**
    a. Opportunity to address clinic questions/concerns and identify any "red flags"
    b. Assist clinic in completing readiness assessment, if necessary
    c. Review of required components of Business Plan to ensure clinic has adequate resources to transform. Template provided to the clinic, to include:
        i. Practice type
        ii. Panel Size
        iii. Staff structure – team meetings, etc
        iv. Staff resources dedicated to PCMH transformation
        v. Timeline to achieve the PCM H recognition requirements within timeframe determined.
        vi. Current PCMH initiatives participating in
        vii. Budget – including estimated revenue and expenses to transform. Budget template to be provided to clinics along with input available from payers specific to anticipated PCMH revenue
    d. Following interview, deadline identified for clinic to return readiness assessment, to include transformation business plan and self-attestation for participation.
    e. Discretion can be considered for larger health care systems with multiple locations, allowing flexibility to meet face to face interview requirement, such as "train the trainer" approach to be provided within the organization. However, recommend SHIP team meet with each site PCMH transformation team at some point.

5. **Adequate and effective HIT capabilities are critical to support the PCMH model.** Recommendation to validate:
    a. Clinic has an effective EMR with care coordination capabilities (e.g., registry functionality, referral tracking) **OR** proof of workflow/system capabilities to execute care coordination functions
    b. Disease Registry capability for population health management **OR** proof of workflow/system capabilities to execute disease registry functions (e.g., report quality measures)
    c. Capability to electronically exchange data with providers and intent to enroll and use enhanced communication features of the IHDE. Consider specific IHDE training as a component of the in-service and require practice agreement to connect (SHIP incentive).

6. **Evidence of QI activities or defined plans for QI** structured activities is critical to implementing and sustaining the PCMH model. Recommended selection committee request review of:
    a. Current QI policies and procedures **OR** outline of plan to implement QI policy & procedures
    b. Evidence of QI activities